

OBJECTIVES: Performing a basic evaluation of a resident's urinary incontinence (UI) condition is needed to determine the cause of the incontinence and guide appropriate treatment. The two objectives of this study were 1) to determine the prevalence of residents with UI that received one or more of the four parts of the Agency for Health Care Policy and Research (AHCPR) basic evaluation guidelines, and 2) to compare the effectiveness of two types of oral antimuscarinic medications—tolterodine and oxybutynin. **METHODS:** Data were extracted from medical and Minimum Data Set records in 30 nursing homes in 5 regions of Texas. **RESULTS:** For Objective 1, medical charts of 255 residents were reviewed. There were 64 residents that met the study criteria for Objective 2. Regarding Objective 1, the majority ($n = 179$, 70.2 percent) had no documentation of any part of the basic evaluation that is recommended for patients with urinary incontinence. Fifty-seven patients (22.3 percent) had documentation of one part of the evaluation, while less than 8% ($n = 19$) had two or more parts of the basic evaluation documented. Female residents were more likely than male residents to have one or more parts of the basic evaluation performed. Residents residing in nursing homes located in urban areas were more likely to have one or more parts of the basic evaluation performed compared to residents residing in rural setting nursing homes. For Objective 2, results showed that residents receiving tolterodine had a greater decrease in urinary incontinence severity levels than residents receiving oxybutynin. Female residents had a greater improvement in UI levels than male residents. **CONCLUSIONS:** The sparse documentation of basic urinary incontinence evaluations indicates that health care providers and decision makers need to continue to focus on ways to improve the evaluation and management of urinary incontinence in elderly nursing home residents.

PRK15**A SURVEY ON THE CLINICAL MANAGEMENT OF CMV RISK IN PATIENTS FOLLOWING RENAL TRANSPLANTATION IN FRANCE**

Legendre C¹, Lebranchu Y², Durand-Zaleski I³, Pouteil-Noble C⁴, Beard S⁵, Crochard A⁶, Ratcliffe J⁷

¹Hôpital Saint Louis, Paris, France; ²Centre Hospitalier de Tours, Tours, France; ³Hôpital Henri Mondor, Paris, France; ⁴Centre hospitalier de Lyon-Sud, Pierre-Benite, France; ⁵RTI Health Solutions, Manchester, United Kingdom; ⁶Laboratoire GlaxoSmithkline, Marly Le Roi, France; ⁷Research Triangle Institute, Manchester, UK

OBJECTIVES: To identify the range of clinical management strategies used to reduce CMV infection and disease following renal transplantation in France. **METHODS:** A questionnaire-based survey tool was developed over a three-month period, with review provided by an expert committee consisting of three clinicians and a leading health economist. The finalised questionnaire was sent out to the 35 centres for adults existing throughout France. The questionnaire requested information on the

number of transplanted patients, the proportions of patients in recognised CMV risk groups based on donor and recipient CMV status, the types of risk reduction strategies adopted, the treatment protocols for CMV disease and finally the incidence of CMV disease by risk group. Respondents were asked to use actual data records wherever possible. **RESULTS:** Overall 31 centres completed the survey, a response rate of 89%. The centres performed 1641 adult transplantations during the year 2000. The average number of patients per centre was 53, ranging between 20 to 140 per year. Around 25% of patients were considered at low-risk of CMV (D–R–), 50% were R+ and 30% were D+R–. However, the distribution of patients varied greatly across centres. The most commonly adopted strategy in the D+R– group was prophylaxis using oral valaciclovir. In the remaining patients most centres used close monitoring with pre-emptive drug treatment using oral ganciclovir or valaciclovir. Altogether, there were around 250 cases of CMV, approximately 30% being tissue invasive disease and 70% general symptoms only. **CONCLUSION:** The survey confirms the wide variation of patient types across centres in France. The CMV incidence results also confirm the increased risk faced by the D+R– patient group, which may be enhanced further through the widespread use of antilymphocyte therapy. Although prophylaxis treatment appears widely used in higher-risk patients, around 20% of centres currently wait until the presentation of CMV symptoms before initiating treatment.

WOMEN'S AND MEN'S HEALTH—Economic Outcomes**PWMI****HEALTH CARE RESOURCE USE FOR HEAVY MENSTRUAL LOSS**

Jacobs P¹, Cumming D¹, Cote I²

¹University of Alberta, Edmonton, AB, Canada; ²Bayer Inc, Toronto, ON, Canada

OBJECTIVES: Heavy menstrual bleeding is experienced by a large number (approx. 13%) of women and precipitates considerable use of health care. We estimate the use of resources for women with increased bleeding, using a population health survey. **METHODS:** The database used is the 1999 United States National Health Interview Survey (NHIS). The study population is all women age 18 and above. The dependent variables are categorical, indicating whether or not women used a series of health care services. The independent variables comprise the study variable (indicating increased menstrual flow) and demographic and socioeconomic variables. Logistic regressions were run for each type of service. **RESULTS:** In the sample of 2805 women, 373 (13.3 per cent) women had increased menstrual flow. The odds ratio, indicating the net impact of increased flow was estimated for the following services (* indicates significant at .05 level): general practitioners, 1.48*; emergency room,